## FORM D

SE6 Mall Processing Section

AUG 122009

Washington, DC

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB API	PROVAL					
OMB Number: 3235-0076 Expires: August 31, 2008 Estimated average burden hours per response						
SEC USE	SEC USE ONLY					
Prefix	Serial					
	1					
DATE RECEIVED						

Name of Offering ( check if this is an ame	noment and name na	s changed, and more	ate change.)			
Offer and Sale of Series A Preferred S	Stock				DDO GENORE	
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	⊠ Rule 506	Section 4(6)		
Type of Filing: New Filing	☐ Amendment				4110-1	
	Α.	BASIC IDENTIF	ICATION DATA		AUG 1 5 2008	
1. Enter the information requested about the				· · · · · · · · · · · · · · · · · · ·	THOUGHAN	
Name of Issuer ( check if this is an amend	ment and name has c	hanged, and indicate	change.)		THOMSON REUTERS	
CloudSwitch, Inc.					<del></del>	
Address of Executive Offices		(Number and Street	, City, State, Zip Code)	Telephone Number	er (Including Area Code	
1159 Commonwealth Avenue, West N	ewton, MA 02465	5		617-417-4	713	
Address of Principal Business Operations		(Number and Street	, City, State, Zip Code)	Telephone Number	er (Including Area Code)	
(if different from Executive Offices)				1 -		
		DEAT AL	/AILABLE CC	VDV		
Brief Description of Business		RE21 W	AILABLE CC	,, i		
Type of Business Organization					08057773	
⊠ corporation	☐ limited partnersh	ip, already formed	other	(please specify):		
business trust	☐ limited partnersh	• • •				
	•	Month	Year			
Actual or Estimated Date of Incorporation or	Organization:	0 4	0 8	☑ Actual □	Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State:						
	CN for C	anada; FN for other i	foreign jurisdiction)	DE	_]	

# GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File. U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

A. BASIC IDÉNT	IFICATION DATA		
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the p</li> <li>Each beneficial owner having the power to vote or dispose, or direct the</li> <li>Each executive officer and director of corporate issuers and of corporate</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	vote or disposition of, 10% or a		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Rubin, Ellen			
Business or Residence Address (Number and Street, City, State, Zip Code 1159 Commonwealth Avenue, West Newton, MA 02465	)		
Check Box(es) that Apply:  Promoter  Beneficial Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Considine, John			
Business or Residence Address (Number and Street, City, State, Zip Code) 1159 Commonwealth Avenue, West Newton, MA 02465	)		
Check Box(es) that Apply:  Promoter  Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)  Palmer, Andrew H.			
Business or Residence Address (Number and Street, City, State, Zip Code) 1159 Commonwealth Avenue, West Newton, MA 02465	<u></u>		
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)	)		
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)	)		
Check Box(es) that Apply:  Promoter Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)			
Business or Residence Address (Number and Street, City, State, Zip Code)	)		
Check Box(es) that Apply:	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		·	
Business or Residence Address (Number and Street, City, State, Zip Code)	)		

					B. II	NFORMAT	TION ABO	UT OFFE	RING				
												Yes	No
1. I	Has the	issuer sold	, or does the	e issuer inte	nd to sell, Ansv	to non-accre ver also in A	edited inves Appendix, C	stors in this Column 2, if	offering? f filing unde	er ULOE.			⊠
2. 1	What is	the minim	um investm	ent that wil	l be accept	ed from any	individual	?				\$	N/A
												Yes	No
			permit joint										$\boxtimes$
(	commisoffering with a s	sion or single.  If a persentate or state	tion request milar remur on to be list tes, list the p proker or de	neration for ed is an ass name of the	r solicitation sociated per broker or	on of purch rson or ager dealer. If	hasers in on t of a brok more than	connection er or dealer five (5) per	with sales registered rsons to be	of securities with the SE listed are a	es in the EC and/or		
Full 1	Name (L	ast name f	irst, if indiv	idual)									
Busin	ness or F	Residence A	Address (Nu	mber and S	Street, City	, State, Zip	Code)						
Name	e of Ass	ociated Br	oker or Dea	ler									
			Listed Has			Solicit Pur All Stat				<u> </u>			
•	ck "All : AL]	States" or o	check indivi [AZ]	duais State [AR]	s). [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]
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[]	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]
<b>{</b> I	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full 1	Name (L	ast name i	irst, if indiv	ridual)		_							· · · ·
Busin	ess or I	Residence A	Address (Nu	mber and S	Street, City	, State, Zip	Code)		···				
Name	e of Ass	ociated Br	oker or Dea	ler	11-3					_	·		
			Listed Has					•				,,,	•
•	ck "All i AL]	[AK]	check indivi [AZ]	duais State [AR]	(CA)	All Stat [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[1D]
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[]	MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
-	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full 1	Vame (L	ast name 1	irst, if indiv	idual)		•							
Busin	ness or I	Residence A	Address (Nu	ımber and S	Street, City	, State, Zip	Code)						
Name	of Ass	ociated Br	oker or Dea	ler						-147			
			Listed Has										
	rk "All∃		check indivi [AZ]	duals State [AR]	s) [CA]	All Stat [CO]	es [CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
Chec		[AK]				-	-						
Chec	AL]	[AK]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
(Chec [/ [I				[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF I	PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	The state of Committee	Aggregate Offering Price	Αm	ount Already Sold
	Type of Security Debt	\$	\$	bold
				2 020 000 00
	Equity	\$	<b>"</b> —	3,920,000.00
	<del>-</del>	•	\$	
		\$	· —	
	Partnership Interests.	\$	2 –	
	о <b></b> (- <b>-</b>	\$	2 -	
	Total	\$ 7,000,000.00	<b>s</b> _	3,920,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	-		Aggregate
		Number Investors		ollar Amount of Purchase
	Accredited Investors	3	\$_	3,920,000.00
	Non-accredited Investors	0	<b>\$</b> _	
	Total (for filings under Rule 504 only)	0	<b>\$</b> _	0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	I f Type of	Da	ollar Amount
	Type of Offering	Security	D	Sold
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		<u>\$</u>	
	Total		\$_	0.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish ar estimate and check the box to the left of the estimate.	/	·	
	Transfer Agent's Fees		<b>\$</b> _	
	Printing and Engraving Costs		\$_	
	Legal Fees	$\boxtimes$	\$_	75,000.00
	Accounting Fees		\$_	
	Engineering Fees		\$_	
	Sales Commissions (specify finders' fees separately)		<b>\$</b> _	
	Other Expenses (identify)		\$_	
	Total	$\boxtimes$	\$	75,000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$_	6,925,000.00
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.			Payments to Others
	Salaries and fees	□ \$ <u> </u>		\$0.0
	Purchase of real estate	□ \$ <u>0.00</u>		\$0.0
	Purchase, rental or leasing and installation of machinery and equipment	□ \$ <u>0.00</u>		\$ 0.0
	Construction or leasing of plant buildings and facilities	S \$		\$0.0
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ \$ <u>0.00</u>	<u> </u>	\$ <u>0.0</u>
	Repayment of indebtedness	S 0.00	<u> </u>	\$ 0.0
	Working capital	□ \$ <u>0.00</u>	$\boxtimes$	\$ 6,925,000.0
	Other (specify):	S \$	<u> </u>	\$ 0.0
Col	umn Totals	□ \$ <u>0.00</u>		\$_6,925,000.0

Total Payments Listed (column totals added).....

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11	RETIRE	AΙ	SIL-NA	HUKP.

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
CloudSwitch, Inc.	Ellerka	817/08
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Ellen Rubin	President	

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18. U.S.C. 1001.)